

Section 1115 Eligibility and Coverage Demonstration Implementation Plan

Overview: The implementation plan documents the State's approach to implementing eligibility and coverage policies. It also helps establish what information the State will report in its quarterly and annual monitoring reports. The implementation plan does not usurp or replace standard CMS approval processes, such as advance planning documents, verification plans, or state plan amendments.

This template only covers community engagement (CE) policies. The template has three sections. Section 1 is the uniform title page. Section 2 contains implementation questions that states should answer. The questions are organized around seven CE reporting topics:

- Specify community engagement policies
- Establish beneficiary supports and modifications
- Establish procedures for enrollment, verification, and reporting
- Operationalize strategies for non-compliance
- Develop comprehensive communications strategy
- Establish continuous monitoring
- Develop, modify, and maintain systems

The State may submit additional supporting documents in Section 3.

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1. Title page for the State's eligibility and coverage policies demonstration or eligibility and coverage policies components of the broader demonstration

The State should complete this transmittal title page as a cover page when submitting its implementation plan.

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| State | <i>Ohio</i> |
| Demonstration name | <i>Group VIII Work Requirement and Community Engagement 1115 Demonstration Waiver</i> |
| Approval date | <i>March 15, 2019</i> |
| Approval period | <i>March 15, 2019 - February 29, 2024</i> |
| Implementation date | <i>January 1, 2021</i> |

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| Prompts | Summary |
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| CE.Mod 1. Specify Community Engagement Policies | |
| <i>Intent: To describe in more detail the CE policies outlined in the State's STCs.</i> | |
| 1.1 Describe how the State will define exempt populations, including additional details about how these exemptions are defined and how long exemptions will last if applicable: a) Full-time student status b) Medical frailty and other medical conditions c) Pregnancy d) Acute medical condition e) Former foster care youth | <p>a) Full-time student status</p> <p>Definition: Beneficiaries enrolled in school at least half-time, including GED programs or occupational training. Beneficiaries may also qualify for this exemption through participation and half-time status in:</p> <ul style="list-style-type: none"> • Basic education • Institution of higher education <p>Beneficiaries will self-attest to student status and documentation will only be required if contradictory information is provided to or known by the State. Beneficiaries will be appraised annually through the renewal process or on an ad hoc basis upon report of a change.</p> |

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| | <p>b) Medical frailty and other medical conditions</p> <p>Definition: Beneficiaries with serious physical, mental, substance abuse, or behavioral health conditions who meet federal requirements defined at 42 CFR 440.315(f). Beneficiaries who are medically frail or have special medical needs include individuals with disabling mental disorders (including adults with serious mental illness), individuals with chronic substance use disorders, individuals with serious and complex medical conditions, individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living, or individuals with a disability determination based on Social Security criteria.</p> <p>The State will use two years of claims history, when known for beneficiaries, to identify individuals who qualify for the exemption. Beneficiaries who aren't identified for an automatic exemption on this basis will self-attest to medical frailty and documentation will only be required if contradictory information is provided to or known by the State.</p> <p>Given the long-term nature of these conditions, this exemption will be granted for the duration of the eligibility period. Beneficiaries will be appraised annually or on an ad hoc basis upon report of a change.</p> |
| | <p>c) Pregnancy</p> <p>Definition: Pregnant women and women in the 60-day post-partum period.</p> <p>Beneficiaries will self-attest to pregnancy status.</p> |

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| | <p>d) Acute medical condition</p> <p>Not an exempt population.</p> |
| | <p>e) Former foster care youth</p> <p>Definition: Youth aged 18 to 26 who were in foster care under the responsibility of the State and enrolled in Medicaid upon attaining age 18.</p> <p>Per Ohio's approved MAGI-Based Eligibility Verification Plan, documentation of former foster care status is required and may not be self-attested.</p> |
| <p>f) Beneficiaries in substance use disorder treatment</p> <p>g) Beneficiaries who are homeless</p> <p>h) Beneficiaries who were incarcerated within the last six months</p> <p>i) Beneficiaries receiving unemployment benefits</p> <p>j) Enrollment in the State's Medicaid employer premium assistance program</p> | <p>f) Beneficiaries in substance use disorder treatment</p> <p>Definition: Beneficiaries who receive substance use disorder treatment services as defined at Ohio Administrative Code (OAC) 5160-27-09.</p> <p>Beneficiaries will self-attest to participation in substance use disorder treatment and documentation will only be required if contradictory information is provided to or known by the State. Beneficiaries will be appraised annually through the renewal process or on an ad hoc basis upon report of a change.</p> |
| | <p>g) Beneficiaries who are homeless</p> <p>Not an exempt population; however, homeless beneficiaries may qualify under another exemption category.</p> |

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| k) Caregiver of a dependent l) Beneficiaries exempt from TANF/SNAP requirements m) Other (by specific exempt status) | h) Beneficiaries who were incarcerated within the last six months Not an exempt population; however, beneficiaries who were incarcerated within the last six months may qualify under another exemption category. |
| | i) Beneficiaries receiving unemployment benefits Definition: Beneficiaries who have applications pending for, or are receiving, unemployment compensation benefits. Beneficiaries will self-attest to application for or receipt of unemployment compensation benefits and documentation will only be required if contradictory information is provided to or known by the State. Beneficiaries will be appraised annually through the renewal process or on an ad hoc basis upon report of a change. |
| | j) Enrollment in the State's Medicaid employer premium assistance program Not an exempt population. |

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| | <p>k) Caregiver of a dependent</p> <p>Definition: Any adult who resides with a minor child (under the age of 19). The adult does not have to be a parent or caretaker of the child.</p> <p>The State will use eligibility system case records to identify individuals who qualify for the exemption. Beneficiaries who aren't identified for an automatic exemption on this basis will self-attest to caregiver status and documentation will only be required if contradictory information is provided to or known by the State. Beneficiaries will be appraised annually through the renewal process or on an ad hoc basis upon report of a change.</p> |
| | <p>l) Beneficiaries exempt from TANF/SNAP requirements</p> <p>Definition: Beneficiaries who are exempt for other reasons from Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance for Needy Families (TANF) work registration or employment and training (E&T) requirements.</p> <p>The State will use eligibility system case records to identify individuals who qualify for the exemption. Beneficiaries will be appraised annually through the renewal process or on an ad hoc basis upon report of a change.</p> |

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| | <p>m) Other</p> <p>Additional exempt populations include:</p> <ul style="list-style-type: none"> • Beneficiaries 50 years of age or older • Beneficiaries who, at the time of eligibility determination, reside in an Ohio county approved by the U.S. Department of Agriculture, Food and Nutrition Service (FNS) for a waiver of the Able-Bodied Adult without Dependents (ABAWD) time limit • Beneficiaries who are applicants for or recipients of Supplemental Security Income (SSI) • Beneficiaries who are Medicaid eligible but incarcerated • Beneficiaries who are physically or mentally unfit for employment or other CE activities • Beneficiaries who participate in the Specialized Recovery Services Program • Beneficiaries caring for a disabled/incapacitated household member <p>The State will use eligibility system case records to identify individuals who qualify for these exemptions. Beneficiaries who are not identified for an automatic exemption will self-attest to meeting the exemption criteria and documentation will only be required if contradictory information is provided to or known by the State. Beneficiaries will be appraised annually through the renewal process or on an ad hoc basis upon report of a change.</p> |
| <p>1.2 Provide additional details about qualifying community engagement activities and the number of required CE hours.</p> <p>a) Hour requirements</p> <p>b) Extra hours policy</p> | <p>a) Hour requirements</p> <p>Beneficiaries who do not meet exemption criteria identified in Prompt 1.1 and who do not need a reasonable modification related to the hour requirement must complete a minimum of 20 hours per week (80 hours average monthly) to meet the CE Requirement. Assignment will be completed in the eligibility system. Beneficiaries will not be required to participate in monthly monitoring of completed hours.</p> |

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| | <p>b) Extra hours' policy</p> <p>Extra hours of qualifying activities above the minimum requirement may be applied to any week within the month earned but cannot be applied to any other calendar month.</p> |
| <p>c) Grace period d) Reporting frequency and hours measurement</p> | <p>c) Grace period</p> <p>There is no grace period included in the demonstration design.</p> |
| | <p>d) Reporting frequency and hours measurement</p> <p>No further reporting is required after initial assignment unless the beneficiary reports a change in circumstances consistent with 42 CFR 435.916(c).</p> |

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| 1.3 Provide additional details on how the State will: a) Define the circumstances that give rise to good cause b) Review additional circumstances that fall outside the defined list of circumstances c) Determine how long individual good cause circumstances will apply | a) Define the circumstances that give rise to good cause The following are noted good cause exceptions: <ul style="list-style-type: none"> • The beneficiary has a disability as defined by the ADA, section 504 of the Rehabilitation Act, or section 1557 of the Patient Protection and Affordable Care Act and was unable to meet the requirement for reasons related to that disability but was not exempted from the CE requirement, or has an immediate family member in the home with a disability under federal disability rights laws and was unable to meet the requirement for reasons related to the disability of that family member • The beneficiary experiences a hospitalization or serious illness • The beneficiary has an immediate family member who experiences an illness that requires the presence of the beneficiary or has an immediate family member who is living in the home with the beneficiary who experiences a hospitalization or serious illness • The beneficiary experiences an emergency as defined by the State • The beneficiary resides in an area that experiences severe inclement weather (including a natural disaster) • The beneficiary experiences the unavailability of transportation • The beneficiary is a victim of domestic violence |
| | b) Review additional circumstances that fall outside the defined list of circumstances Additional circumstances that create barriers to employment or participation in the CE requirement will be reviewed and approved on a case-by-case basis. |

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| | <p>c) Determine how long individual good cause circumstances apply</p> <p>The State will set good cause exception periods of 3, 6, or 12 months. Exceptions that exceed 12 months may be extended with the beneficiary's annual eligibility renewal.</p> |
| <p>1.4 Provide additional details on how the State will define the following compliance actions:</p> <p>a) Opportunity to cure/grace periods</p> <p>b) Suspension</p> | <p>a) Opportunity to cure/grace periods</p> <p>Beneficiaries who demonstrate good cause for their failure to meet the CE requirement due to life circumstances that create barriers to employment or community engagement will not have their Medicaid eligibility terminated. Beneficiaries who do not self-attest to meeting good cause criteria will have their Medicaid eligibility terminated for non-compliance with the CE requirement consistent with the State's standard termination process. There is no grace period included in the demonstration design.</p> |
| | <p>b) Suspension</p> <p>There is no suspension period.</p> |

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| c) Termination d) Non-eligibility period e) Other compliance actions | <p>c) Termination</p> <p>The effective date for Medicaid termination will be no earlier than the first day of the month following appropriate notice of adverse action.</p> <p>County Job and Family Services (JFS) caseworkers will attempt to contact beneficiaries before proposing termination of benefits. Prior to initiating Medicaid termination, a caseworker must speak directly with the beneficiary over the phone or in person. If, after speaking with the beneficiary, the caseworker determines that the beneficiary should have Medicaid eligibility terminated for non-compliance with the CE requirement, a pre-termination review will be completed to determine if the beneficiary qualifies for Medicaid under a different eligibility category. If the beneficiary is not eligible under another category, then the State will send appropriate notice of the adverse action. The termination notice will be automatically generated and sent by the eligibility system and will allow for due process. If the beneficiary contacts the State prior to the proposed termination date, the termination will be stopped by the caseworker in the eligibility system.</p> |
| | <p>d) Non-eligibility period</p> <p>There is no non-eligibility period. The beneficiary can reapply for benefits at any time following termination.</p> |
| | <p>e) Other compliance actions</p> <p>Once eligibility is terminated, beneficiaries can reapply for Medicaid at any time. Beneficiaries will be re-enrolled in Medicaid if they reapply and are determined eligible. Previous non-compliance will not be taken into consideration for the determination of subsequent eligibility.</p> |

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| CE.Mod 2. Establish beneficiary supports and modifications | |
| <i>Intent: To describe how states will provide supports to beneficiaries to ensure that they are able to meet CE requirements.</i> | |
| Specific Supports | |
| 2.1 Describe planned transportation supports and how the State will connect beneficiaries with those supports. | County JFS caseworkers will refer beneficiaries to existing community supports for transportation. Beneficiaries who do not have access to transportation will be granted a good cause exception. |
| 2.2 Describe planned child care supports and how the State will connect beneficiaries to those supports. | Beneficiaries who reside in the same household with a minor child are exempt from the CE requirement. |
| 2.3 Describe planned language support services for non-English-speaking beneficiaries and how the State will connect beneficiaries with those supports. | Each county JFS office is responsible for contracting with interpretation and translation providers. County JFS caseworkers will connect beneficiaries with language support services through those contracted providers. Additional interpretation services also are available through the County Shared Services (CSS) initiative. |
| 2.4 Describe if the State will provide or connect beneficiaries to any other supports, including assistance from other agencies and entities complementing Medicaid efforts. | County JFS caseworkers will connect beneficiaries with other local supports. |

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| Ensure that CE activities are available and accessible | |
| 2.5 Describe the State's strategy for ensuring training opportunities, including job search training, on-the-job training, and job skills training, are available and accessible to beneficiaries. | County JFS caseworkers will connect beneficiaries with local OhioMeansJobs Centers, which assist job seekers with job search assistance, employee recruitment, and job training. Beneficiaries will also have access to online training via the OhioMeansJobs website. In-person training opportunities will be developed by county JFS offices. |
| 2.6 Describe public programs that the State Medicaid agency will partner with to leverage existing employment and training supports. Describe how the arrangements will work and indicate if these supports will be available to all demonstration beneficiaries subject to CE requirements or if other qualifying restrictions will apply. Describe how the State will fund such employment and training supports. | <p>The Ohio Department of Job and Family Services (ODJFS) Office of Workforce Development (OWD) supports local workforce development boards in operating OhioMeansJobs centers, which co-locate employment and supportive services from federal, state, and local partners. Employment and training services available to beneficiaries include:</p> <ul style="list-style-type: none"> • Training and talent development – work readiness assessments, skill and aptitude tests, job readiness development, career counseling, job coaching, and ongoing support • Job search support – job matching, interviewing, and resume writing • Career planning and support – interest inventories, career exploration, labor market information, and follow-up services to ensure success <p>All demonstration beneficiaries will have access to local OhioMeansJobs centers and the OhioMeansJobs website. The State currently funds these supports and will continue to do so for the duration of the demonstration.</p> |

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| 2.7 Describe how the State will modify community engagement requirements in areas with few CE opportunities and how often these adjustments will be reviewed. | The State will modify the CE requirement in areas with few community engagement opportunities by granting good cause exceptions. The State will set good cause exception periods of 12 months, or shorter if opportunities increase in the affected areas. |
| Reasonable modifications for individuals with disabilities (in compliance with all applicable federal laws, including the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, Section 1557 of the Affordable Care Act, Title VI of the Civil Rights Act, and the Age Discrimination Act) | |
| 2.8 Describe the planned modifications to community engagement requirements available to beneficiaries with disabilities. | The State will grant reasonable modifications for beneficiaries with disabilities including: <ul style="list-style-type: none"> • Exemption from participation when beneficiaries are unable to participate for disability-related reasons • Modification of the number of hours of participation when beneficiaries are unable to participate for the required number of hours • Provision of support services necessary to participate, when participation is possible with supports |
| 2.9 Describe the State's process for assessing and providing modifications to community engagement requirements available to beneficiaries with disabilities. | County JFS caseworkers will conduct appraisals of non-exempt beneficiaries. During the appraisal, beneficiaries may self-attest to, or the caseworker may identify, the need for modification(s) in order for the beneficiary to meet the CE requirement. Beneficiaries will be appraised annually through the renewal process or on an ad hoc basis upon report of a change. |
| 2.10 Describe how the State will connect beneficiaries with disabilities to needed supports and services. | County JFS caseworkers will identify the need for, and provide referrals to, supports and services. |

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| 2.11 Describe any additional steps the State will take to ensure compliance with all applicable federal laws related to people with disabilities. | <p>The State will provide reasonable modifications for program protections and procedures, including but not limited to, assistance with:</p> <ul style="list-style-type: none"> • Demonstrating good cause • Documenting qualifying activities • Understanding notices and program rules • Navigating ADA compliant websites |
| CE. Mod 3. Establish procedures for enrollment, verification, and reporting | |
| <i>Intent: To describe modifications to enrollment processes as well as verification and reporting of activities and exemptions.</i> | |
| Modifications to application, enrollment, and renewal procedures | |
| 3.1 Describe any planned changes to the State's application(s) and application/enrollment processes to identify beneficiaries subject to or exempt from CE requirements. | <p>The State will add information to the Medicaid application regarding the CE requirement, including rights and responsibilities language explaining the requirement and consequences of non-compliance.</p> <p>As part of the eligibility determination for Group VIII and prior to sending the notice of action (NOA) to beneficiaries determined eligible for Group VIII, the eligibility system will conduct an automatic review of information available in the beneficiary's case record to determine the beneficiary's status as it relates to the CE requirement. The NOA will indicate whether the beneficiary is subject to or exempt from the CE requirement and will be updated to provide an overview of the CE requirement and consequences of non-compliance.</p> |

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| 3.2 Describe any planned changes to the State's renewal processes for the CE demonstration population. For example, will the State update any pre-populated renewal forms to capture information on CE compliance or exemptions? | The State will update pre-populated renewal forms with information from the beneficiary's case record, including status and assigned activities (if subject to the CE requirement). |
| 3.3 Describe any other planned modifications to the State's eligibility determination and enrollment processes and operations as a result of implementation of CE requirements. For example, will applications for beneficiaries who may be subject to CE be funneled to a specific unit for processing? Describe any impact that this may have on processing time for applications. | The State is not planning any other modifications to the eligibility determination and enrollment processes and operations. Applications for beneficiaries who may be subject to the CE requirement will not be processed differently than applications for beneficiaries who are not subject to the requirement. |

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| Procedures for beneficiaries to report CE activities | |
| 3.4 Describe how beneficiaries will report compliance with CE requirements. For example, what are the modalities to report hours and how frequently are beneficiaries required to report? | Beneficiaries who are subject to the CE requirement will report compliance on an annual basis and may report via methods consistent with the requirements identified at 42 CFR 435.907(a), such as in-person, over the phone, online, and by mail. Beneficiaries will be presumed to be compliant with the CE requirement unless they report a change in circumstances. Consistent with Ohio Administrative Code rules, the State will not require that an individual provide verification of unchanged information unless the information is incomplete, inaccurate, inconsistent, outdated, or missing from the case record. |
| 3.5 In states that allow online reporting, describe any reporting modifications available to beneficiaries without Internet access. | Beneficiaries without internet access will be able to report changes in-person, over the phone, and by mail. |
| Procedures for CE entities to report CE activities | |
| 3.6 Describe if the State plans to develop capacities so that employers, volunteer supervisors, schools, and other representatives can report CE activities on behalf of beneficiaries. Describe the procedures for CE entities to report CE activities. | The State will not require monthly reporting regarding CE activities and CE entities are not expected to report CE activities on behalf of beneficiaries. |

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| Procedures for beneficiaries to report or file for an exemption | |
| 3.7 <u>Describe the procedures</u> for beneficiaries to report standard exemptions as defined in section 1.1 (e.g., pregnancy, full time student status, homelessness) and what documentation is required, if any. Note whether specific exemptions must be reported differently. | For those standard exemptions that can be identified using eligibility system case records or data contained in ancillary State systems, the exemptions will be granted automatically. Beneficiaries who aren't identified for an automatic exemption may self-attest to meeting an exemption via the self-appraisal form or during the appraisal interview. The county JFS caseworker will update the beneficiary's case record with pertinent exemption information. Documentation will only be required if contradictory information is provided to or known by the State. |
| 3.8 <u>Describe the procedures</u> for beneficiaries to file for good cause as defined in section 1.3 and what documentation is required, if any. | Beneficiaries may self-attest to meeting a good cause exception via the self-appraisal form or during the appraisal interview. The county JFS caseworker will update the beneficiary's case record with the granted good cause exception period and pertinent good cause exception information. Documentation will only be required if contradictory information is provided to or known by the State. |

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| State verification of CE activities and exemptions | |
| 3.9 Describe how the State will verify beneficiaries' compliance with CE requirements. For example, note whether the State will accept self-attestation of beneficiary-reported hours or verify hours through use of data from other sources. Specify how periodic audits will be conducted, if applicable. | Beneficiaries who are assigned to an activity to meet the CE requirement will be required to sign a form acknowledging the details of the assignment. Beneficiaries will be presumed to be compliant with the CE requirement unless they report a change in circumstances. Consistent with Ohio Administrative Code rules, the State will not require that an individual provide verification of unchanged information unless the information is incomplete, inaccurate, inconsistent, outdated, or missing from the case record. |
| 3.10 Describe how the State will <u>verify exemptions</u> as defined in section 1.1, if applicable. | For those standard exemptions that can be identified using eligibility system case records or data contained in ancillary State systems, the exemptions will be granted automatically. Beneficiaries who are not identified for an automatic exemption may self-attest to meeting an exemption via the self-appraisal form or during the appraisal interview. Documentation will only be required if contradictory information is provided to or known by the State. |

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| 3.11 Describe if and how the State will use data from SNAP and TANF. Describe the process for identifying beneficiaries enrolled in SNAP/TANF and exempt from or meeting CE requirements for those programs. Describe how the State will ensure that those beneficiaries are also counted as meeting or exempt from Medicaid CE requirements, as applicable. | The SNAP, TANF, and Medicaid programs coexist in the same eligibility determination system. The eligibility system will use electronic case records to determine whether beneficiaries are enrolled in SNAP. Beneficiaries who are enrolled in SNAP and exempt from work registration or E&T requirements for that program also will be exempt from the CE requirement. Beneficiaries who are enrolled in SNAP and considered mandatory work registrants and/or subject to E&T requirements for that program will be deemed to meet the CE requirement. The eligibility system rules will output values specific to SNAP exemption or participation status to ensure accurate counts for CE requirement monitoring. |
| 3.12 Describe if and how the State will use additional data sources or leverage other entities to verify compliance with or identify potential exemptions from CE requirements (e.g., state wage data, unemployment, managed care organizations [MCO]). | The State will utilize system interfaces with other entities, such as the Ohio Department of Job and Family Services (ODJFS) (for unemployment compensation data), the Social Security Administration, OhioMeansJobs, and managed care organizations (MCOs). The State also will utilize claims data to identify certain exempt individuals. |

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| CE. Mod_4. Operationalize strategies for non-compliance | |
| <i>Intent: To describe how states will implement the policies for beneficiaries who do not comply with CE requirements.</i> | |
| Strategies for beneficiaries at risk of non-compliance | |
| 4.1 Describe how the State will identify beneficiaries at risk of non-compliance. | <p>Beneficiaries will be determined to be at risk of non-compliance if the State is unable to verify via data available through state systems and data sources that beneficiaries are compliant or if they have not reported their compliance to the State within 60 days of being notified they are subject to the CE requirement.</p> <p>Beneficiaries will be presumed to be compliant with the CE requirement unless they report a change in circumstances.</p> |
| 4.2 Describe what strategies the State will use to assist beneficiaries at risk of non-compliance in meeting the requirements. | <p>The self-appraisal form and appraisal process will be used to identify potential barriers to compliance and the need for support services. County JFS caseworkers will refer beneficiaries to community supports to mitigate the risk of non-compliance.</p> <p>In addition, county JFS caseworkers will contact beneficiaries prior to initiating termination of benefits to determine whether the beneficiary meets an exemption or good cause exception. The caseworker may also determine that the beneficiary's circumstances warrant reassignment to a different activity and/or a reasonable modification to the CE requirement.</p> |
| 4.3 Describe how the State will implement the following compliance actions, including what processes the State will | <p>a) Suspension</p> <p>There is no suspension period.</p> |

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| Prompts | Summary |
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| implement to identify and track beneficiaries in these statuses: a) Suspension b) Termination c) Non-eligibility period | <p>b) Termination</p> <p>Beneficiaries will have their Medicaid eligibility terminated for non-compliance with the CE requirement consistent with the State's standard termination process. Prior to initiating Medicaid termination, a county JFS caseworker must speak directly with the beneficiary over the phone or in person. If, after speaking with the beneficiary, the caseworker determines that the beneficiary should have Medicaid eligibility terminated for non-compliance with the CE requirement, a pre-termination review will be completed to determine if the beneficiary qualifies for Medicaid under a different eligibility category. If the beneficiary is not eligible under another category, then the State will send appropriate notice of the adverse action. The termination notice will be automatically generated and sent by the eligibility system and will allow for due process. If the beneficiary contacts the State prior to the proposed termination date, the termination will be stopped by the caseworker in the eligibility system. The effective date for Medicaid termination will be no earlier than the first day of the month following appropriate notice of adverse action.</p> <p>c) Non-eligibility period</p> <p>There is no non-eligibility period. The beneficiary can reapply for benefits at any time following termination.</p> |
| d) Other compliance actions (e.g., grace periods/ opportunity to cure) | <p>d) Other compliance actions</p> <p>Once eligibility is terminated, beneficiaries can reapply for Medicaid at any time. Beneficiaries will be re-enrolled in Medicaid if they reapply and are determined eligible. Previous non-compliance will not be taken into consideration for the determination of subsequent eligibility.</p> |

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| 4.4 Provide details on the State's plan, if applicable, to provide advance notice to beneficiaries at risk of suspension or disenrollment for non-compliance. Include when the State will notify beneficiaries and how many notices or other communications (e.g., calls) each beneficiary will receive. | County JFS caseworkers will make unlimited attempts to call the beneficiary before initiating termination of benefits. Prior to proposing Medicaid termination, a caseworker must speak directly with the beneficiary over the phone or in person. If, after speaking with the beneficiary, the caseworker determines that the beneficiary should have Medicaid eligibility terminated for non-compliance with the CE requirement, a pre-termination review will be completed to determine if the beneficiary qualifies for Medicaid under a different eligibility category. If the beneficiary is not eligible under another category, then the State will send appropriate notice of the adverse action. The termination notice will be automatically generated and sent by the eligibility system and will allow for due process. If the beneficiary contacts the State prior to the proposed termination date, the termination will be stopped by the caseworker in the eligibility system. The effective date for Medicaid termination will be no earlier than the first day of the month following appropriate notice of adverse action. |
| 4.5 Describe the State's process for benefit reactivation (from suspension) and/or re-enrollment (from termination) once community engagement requirements are met. | Once eligibility is terminated, beneficiaries can reapply for Medicaid at any time. Beneficiaries will be re-enrolled in Medicaid if they reapply and are determined eligible through the standard eligibility process. Previous non-compliance will not be taken into consideration for the determination of subsequent eligibility. |

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| 4.6 Describe the process by which a beneficiary who is about to be suspended or disenrolled will be screened for other Medicaid eligibility groups or exemptions (e.g., by sending the form to potentially eligible beneficiaries to capture additional information). | A pre-termination review will be completed to determine if the beneficiary qualifies for Medicaid under a different eligibility category. If the beneficiary is not eligible under another category, then the State will send appropriate notice of adverse action. |
| 4.7 Describe any differences/modifications from the current renewal process, including changes for beneficiaries in suspension status due to non-compliance with CE requirements. | The State will use the existing standard renewal process and will update pre-populated renewal forms with information from the beneficiary's case record, including status and assigned activities (if subject to the CE requirement). |
| Stopping payments to managed care | |
| 4.8 Describe procedures to stop capitation payment to MCOs when a beneficiary's eligibility is suspended or terminated due to failure to comply with CE requirements. | The State will maintain existing mechanisms to stop payments to an MCO when a beneficiary is terminated from Medicaid for failure to comply with the CE requirement. |

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| 4.9 Describe if and how beneficiaries will be made aware of ways to access primary and preventive care at low or no cost after disenrollment or during a suspension. | ODM will provide each beneficiary who has been terminated from Medicaid with information regarding how to access primary care and preventive care services at low or no cost to the beneficiary. This material will include information about free health clinics and community health centers, including clinics that provide behavioral health and substance use disorder services. The State will maintain such information on the agency's public-facing website and employ other broad outreach activities that are specifically targeted to beneficiaries who have lost coverage. |
| Re-enrollment after disenrollment for non-compliance | |
| 4.10 Describe what beneficiaries will need to do to re-enroll following disenrollment or suspension for failure to comply with CE requirements. | Other than termination of Medicaid benefits, there are no additional penalties for non-compliance and beneficiaries will have the opportunity to reapply for Medicaid at any time. Beneficiaries will be re-enrolled in Medicaid if they reapply and are determined eligible through the standard eligibility process. Previous non-compliance will not be taken into consideration for the determination of subsequent eligibility. |
| 4.11 Describe how the State will process new applications for individuals who were disenrolled for non-compliance if it differs from the State's standard application processes. | New applications submitted subsequent to a termination of Medicaid benefits for non-compliance will be processed in the same manner as all other applications submitted to the State. |

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| 4.12 Describe how the State will handle applications for individuals who re-apply for coverage but are still in suspended status or non-eligibility period, if applicable. For example, will the State process those applications with a prospective eligibility date, or will the State deny those applications until individuals are eligible. | There is no suspension period. |

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| Appeals processes | |
| 4.13 Describe any modifications to the appeals processes for beneficiaries enrolled in the CE demonstration, including appeals for: a) Suspensions or disenrollment for non-compliance; b) Denials of exemption or good cause requests Describe what happens to the beneficiary while the case is pending or in the appeals/fair hearing process, if it differs from the current process. | The State's standard appeals process will be used. |

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| CE. Mod 5. Develop comprehensive communications strategy | |
| <i>Intent: To describe how the State will communicate CE policies and procedures (as necessary) to internal and external stakeholders (beneficiaries, partners, staff/other internal entities).</i> | |
| Beneficiary communication | |

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| <p>5.1 Provide details on the State's plan to communicate to current beneficiaries and new applicants/beneficiaries about general CE policies, including when community engagement requirements will commence, the number of required community engagement hours and frequency of completion, how to report compliance and on what frequency, specific activities that may be used to satisfy community engagement requirements, and information about resources that will facilitate compliance such as the availability of transportation and child care. Include details such as how often the State plans to communicate with beneficiaries and through what modes of communication, including what information will be</p> | <p>The State will ensure that beneficiaries are aware of and understand general CE policies both prior to and after implementation. The State will maintain a public-facing website to communicate CE policies and implementation updates, as well as other broad outreach activities that are specifically targeted to beneficiaries who have lost coverage.</p> <p>Existing beneficiaries will receive multiple formal written notices prior to implementation regarding general CE policies including, but not limited to:</p> <ul style="list-style-type: none"> • CE requirement implementation date • Number of required CE hours per month • Specific activities that may be used to satisfy the CE requirement • Definitions of exemption categories • Good cause exception reasons • Availability of support services in the community • Responsibility to report changes in circumstances • Compliance reporting • Consequences for non-compliance • Reapplying for Medicaid benefits after termination <p>Updates regarding the CE requirement will be provided to the general public via the agency's public-facing website, social media, and press releases throughout the pre-implementation period.</p> <p>NOAs sent after January 1, 2021, will contain general information regarding the CE requirement, with specific messages tailored to the beneficiary's circumstances.</p> |
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| distributed using formal notices. | |
| 5.2 Provide details on the State's plan to communicate to beneficiaries about exempt populations and good cause circumstances . Include details such as how often the State plans to communicate with beneficiaries and through what modes of communication, including what information will be distributed using formal notices. | <p>The State will maintain a public-facing website to communicate CE policies and implementation updates, including exemption categories and good cause exceptions.</p> <p>Existing beneficiaries will receive multiple formal written notices prior to implementation regarding general CE policies, including definitions of exemption categories and good cause exception reasons.</p> <p>Updates regarding the CE requirement will be provided to the general public via the agency's public-facing website, social media, and press releases throughout the pre-implementation period.</p> <p>NOAs sent after January 1, 2021, will contain general information regarding the CE requirement, with specific messages tailored to the beneficiary's circumstances. Beneficiaries who are approved for an exemption or good cause exception will receive notices explaining their status.</p> |

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| 5.3 Provide details on the State's plan to communicate to beneficiaries about suspension or disenrollment for non-compliance . Include details such as how often the State plans to communicate with beneficiaries, through what modes of communication, including what information will be distributed using formal notices. | <p>The State will maintain a public-facing website to communicate CE policies and implementation updates, including exemption categories and good cause exceptions.</p> <p>Existing beneficiaries will receive multiple formal written notices prior to implementation regarding general CE policies, including the consequences for non-compliance.</p> <p>Updates regarding the CE requirement will be provided to the general public via the agency's public-facing website, social media, and press releases throughout the pre-implementation period.</p> <p>NOAs sent after January 1, 2021, will contain general information regarding the CE requirement, with specific messages tailored to the beneficiary's circumstances. Beneficiaries who are subject to the CE requirement will be informed of the consequences for non-compliance.</p> |

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| 5.4 Provide details on the State's plan to communicate to beneficiaries about reactivation following suspension or re-entry after disenrollment for non-compliance . Include details such as how often the State plans to communicate with beneficiaries, through what modes of communication, including what information will be distributed using formal notices. | <p>The State will maintain a public-facing website to communicate CE policies and implementation updates, including the process for reapplying for Medicaid following termination of benefits.</p> <p>Existing beneficiaries will receive multiple formal written notices prior to implementation regarding general CE policies, including the consequences for non-compliance and the process for reapplying for Medicaid following termination of benefits.</p> <p>Updates regarding the CE requirement will be provided to the general public via the agency's public-facing website, social media, and press releases throughout the pre-implementation period.</p> <p>NOAs sent after January 1, 2021, will contain general information regarding the CE requirement, with specific messages tailored to the beneficiary's circumstances. Beneficiaries who are subject to the CE requirement will be informed of the consequences for non-compliance, the beneficiary's right to appeal, and the process for reapplying for Medicaid following termination of benefits.</p> |

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| 5.5 Describe the State's plan for communicating to beneficiaries about changes in requirements. For example, how will beneficiaries be notified of differences in the requirements they need to meet if they transition off SNAP/TANF but remain subject to community engagement requirements. | <p>The State will maintain a public-facing website to communicate CE policies and implementation updates, including the differences in requirements that must be met for SNAP and Medicaid community engagement.</p> <p>Existing beneficiaries will receive multiple formal written notices prior to implementation regarding general CE policies, including the differences in requirements that must be met for SNAP and Medicaid community engagement.</p> <p>Updates regarding the CE requirement will be provided to the general public via the agency's public-facing website, social media, and press releases throughout the pre-implementation period.</p> <p>NOAs sent after January 1, 2021, will contain general information regarding the CE requirement, with specific messages tailored to the beneficiary's circumstances. Beneficiaries will be informed of the differences in requirements that must be met for SNAP and Medicaid community engagement.</p> |
| 5.6 Describe any plans to use CE partners, such as qualified health plans, managed care organizations, providers, or community organizations to communicate to beneficiaries and conduct outreach, such as delivering education and ensuring compliance with CE requirements. | The State does not plan to use qualified health plans, MCOs, providers, or community organizations to conduct outreach to beneficiaries regarding the CE requirement. |

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| 5.7 Describe how the State will ensure that materials or communications are accessible to beneficiaries with limited English proficiency, low literacy, in rural areas, and other diverse groups. Describe the process for testing beneficiary notices for reading level and comprehension. | <p>In addition to updates provided via the agency’s public-facing website, social media, and press releases, existing beneficiaries will receive multiple formal written notices prior to implementation regarding general CE policies.</p> <p>NOAs sent after January 1, 2021, will contain general information regarding the CE requirement, with specific messages tailored to the beneficiary’s circumstances.</p> <p>The State will create scripts and other materials for Medicaid Hotline call center staff to ensure that information provided to callers is consistent. Each county JFS office is responsible for contracting with interpretation and translation providers. County JFS caseworkers will connect beneficiaries with language support services through those contracted providers. Additional interpretation services also are available through the County Shared Services (CSS) initiative and the State’s Medicaid Hotline.</p> <p>All forms, letters, notices, and scripts undergo a formal approval process to ensure documents are easy to read and comprehend.</p> |
| 5.8 Describe the State’s plans for translating beneficiary notices into languages other than English and note what other languages will be available. | <p>The State will fully translate notices and forms into Spanish and Somali. As required by Section 1557 of the ACA, taglines in the top 15 languages spoken by individuals with limited English proficiency in the State will be included on significant publications, including notices and forms.</p> <p>Each county JFS office is responsible for contracting with interpretation and translation providers. County JFS caseworkers will connect beneficiaries with language support services through those contracted providers. Additional interpretation services also are available through the County Shared Services (CSS) initiative and the State’s Medicaid Hotline.</p> |

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| 5.9 Describe the State's plan to communicate modifications of community engagement requirements to beneficiaries with disabilities. | <p>The State will maintain a public-facing website to communicate CE policies and implementation updates, including the opportunity for reasonable modifications for beneficiaries with disabilities.</p> <p>Existing beneficiaries will receive multiple formal written notices prior to implementation regarding general CE policies, including the opportunity for reasonable modifications for beneficiaries with disabilities.</p> <p>County JFS caseworkers will conduct appraisals of non-exempt beneficiaries. During the appraisal, beneficiaries may self-attest to, or the caseworker may identify, the need for modification(s) in order for the beneficiary to meet the CE requirement.</p> |
| Partner communications | |
| 5.10 Describe the State's plan to conduct outreach to partner organizations. | The State has developed a communication strategy to conduct outreach to partner organizations. The partner organizations include ODJFS, county JFS offices, MCOs, providers and provider groups, and community, advocacy, and other stakeholder groups. |

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| <p>5.11 Describe how the State plans to keep partner organizations informed and engaged, including all forms of communication that the State plans will use to engage partner organizations.</p> | <p>Updates regarding the CE requirement will be provided to partner organizations via the agency’s public-facing website, social media, and press releases throughout the pre-implementation period.</p> <p>The State will continue to meet with partner organizations, including ODJFS, county JFS offices, MCOs, providers and provider groups, and community, advocacy, and other stakeholder groups to ensure State partners are informed and engaged.</p> <p>The State will continue to provide monthly updates to ODJFS and county JFS offices regarding the CE requirement.</p> <p>The State will host quarterly roundtables and webinars as needed to share and gather feedback from partners regarding the CE requirement.</p> |

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| Staff/internal communications | |
| 5.12 Describe internal staff trainings that the State is planning to conduct, such as trainings for call center representatives. | <p>The State's Eligibility Operations Section will develop and present training for county JFS caseworkers regarding the CE requirement.</p> <p>The State also will provide training to Medicaid Hotline call center representatives regarding the CE requirement.</p> <p>Training will include:</p> <ul style="list-style-type: none"> • CE policies and requirements • Number of required CE hours per month • Specific activities that may be used to satisfy the CE requirement • Exemptions, good cause exceptions, and reasonable modifications • Availability of support services in the community • Responsibility to report changes in circumstances • Compliance reporting • Consequences for non-compliance • Reapplying for Medicaid benefits after termination |
| 5.13 Describe any internal materials that the State is planning to develop for staff, such as manuals or reference guides. | The State will develop job aids, FAQs, and other reference materials for staff. Copies of all notices and forms, recorded video conferences and webinars, job aids, FAQs, and other reference materials will be maintained for staff to reference. |

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| Prompts | Summary |
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| CE. Mod 6. Establish continuous monitoring | |
| <i>Intent: To describe the State's process for conducting process and quality improvement for the CE program.</i> | |
| 6.1 Describe any analyses that the State is planning to conduct to inform its monitoring beyond the CMS required quarterly and annual monitoring reports. Describe the State's process for determining whether changes are needed for the following: <ul style="list-style-type: none"> a) Beneficiaries exempt from community engagement requirements b) Qualifying community engagement activities and required hours c) Reporting frequency and hours measurement d) Situations that give rise to good cause e) Compliance actions f) Other policy changes | In addition to the CMS-required quarterly and annual monitoring reports, the State will evaluate monitoring metrics monthly. A separate extract of CE data will be generated from the eligibility system and analyzed by the agency's Data Governance and Analysis Section for key aspects of the program, including exemptions, good cause exceptions, CE activities and required hours, non-compliances, terminations, and appeals. This analysis will enable the State to identify necessary policy and operational adjustments. |

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| 6.2 Describe any actions needed to ensure that the State can capture, and report required quarterly and annual monitoring metrics. Describe any necessary structural or process changes (i.e. data sharing systems/agreements with MCOs) that the State must make in order to capture and report required quarterly and annual monitoring metrics. IT changes need only be discussed in section 7. | An extract of CE data will be generated from the eligibility system and stored in the State's data warehouse. |
| 6.3 Describe how the State will assess the availability of accessible transportation supports by region and how the State will address gaps in supports. Note the frequency with which the State will assess the availability of transit and transportation supports. | Monthly, the State will review and assess good cause exceptions granted for lack of access to transportation. The State will initiate conversations with county JFS offices and community support providers to determine the feasibility of filling gaps in available supports. |

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| 6.4 Describe how the State will assess the availability of childcare supports by region and how it will address gaps in supports. Note the frequency with which the State will assess the availability of childcare supports. | Beneficiaries who reside in the same household with a minor child are exempt from the CE requirement. |
| 6.5 Describe how the State will assess the availability of language access services by region and address gaps in supports. Note the frequency with which the State will assess the availability of language access services. | Monthly, the State will review and assess good cause exceptions granted for lack of CE activities for limited English proficient (LEP) beneficiaries. The State will initiate conversations with county JFS offices and community support providers to determine the feasibility of filling gaps in available supports. |

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| 6.6 Describe how the State will assess the availability of other supports, including assistance from other agencies and entities complementing Medicaid efforts, by region and address gaps in supports. Note the frequency with which the State will assess the availability of other supports. | The provision of support services will be tracked in the eligibility system. Monthly, the State will review and assess good cause exceptions granted for lack of other support services. The State will initiate conversations with county JFS offices and community support providers to determine the feasibility of filling gaps in available supports. |
| 6.7 Describe how the State will assess whether qualifying community engagement activities are available during a range of times, through a variety of means, and throughout the year. Describe any additional analysis that the State is planning to conduct to verify the available community engagement opportunities. | Qualifying community engagement activities will be entered in the eligibility system for assignment by county JFS caseworkers. Quarterly, the State will review and assess whether activities are available during a range of times, through a variety of means, and throughout the year. |

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| 6.8 Describe how the State will identify geographic areas with high unemployment and limited economic and/or educational opportunities. Describe how the State will adjust community engagement requirements in areas with few CE opportunities and how often those adjustments will be reviewed. | <p>The State will leverage existing geographic exemptions used by the SNAP program, which are based on unemployment rates greater than 120% of the national average. Beneficiaries who reside in a county approved by the U.S. Department of Agriculture, FNS for a waiver of the ABAWD time limit are exempted from the CE requirement.</p> <p>The ABAWD time limit waiver must be reapproved by FNS annually. For federal fiscal year (FFY) 2018, 26 counties were granted a waiver of the ABAWD time limit. In FFY 2019, the number of counties increased to 38.</p> |
| 6.9 Describe how the State will assess reasonable modifications and the availability of supports for beneficiaries with disabilities by region. Describe how the State will address gaps in supports. Note the frequency with which the State will assess reasonable modifications and the availability of supports. | Reasonable modifications will be tracked in the eligibility system. Monthly, the State will review and assess reasonable modifications and good cause exceptions granted for lack of support services for beneficiaries with disabilities. The State will initiate conversations with county JFS offices and community support providers to determine the feasibility of filling gaps in available supports. |

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| CE. Mod 7. Develop, modify, and maintain systems | |
| <i>Intent: To describe any system changes needed to implement CE policies and meet reporting requirements.</i> | |
| 7.1 Describe whether the State is planning to enhance its eligibility and enrollment systems to determine eligibility for the CE demonstration population. | <p>The State is not planning to enhance its eligibility and enrollment systems to determine eligibility for the CE demonstration population; however, the State will make system enhancements for post-eligibility functionality including:</p> <ul style="list-style-type: none"> • Rules enhancements • Additional data fields to collect information related to the CE requirement • Self-service portal updates to allow beneficiaries to report changes related to the CE requirement • New alerts to notify county JFS caseworkers when changes related to the CE requirement are reported • NOA messages and snippets • Eligibility Determination and Benefit Calculation (EDBC) outputs • CE activity assignments • Interfaces • Reports |
| 7.2 Describe whether the State is planning to develop or enhance systems capacities so that beneficiaries can report CE hours. | The State will not require beneficiaries to report CE hours because the State is not tracking completed work activity hours on a monthly basis. |

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| 7.3 Describe whether the State is planning to develop or enhance systems capacities so that CE entities, such as employers, volunteer supervisors, schools, and other institutions, can automatically report CE activities completed by beneficiaries. | The State does not plan to develop or enhance system capabilities so that CE entities can automatically report CE activities completed by beneficiaries because the State is not tracking completed work activity hours on a monthly basis. |
| 7.4 Describe whether the State is planning to develop or enhance systems capacities to integrate data from other public programs, such as SNAP and TANF. | The SNAP, TANF, and Medicaid programs coexist in the same eligibility determination system. The system will be enhanced to use electronic case records to identify beneficiaries who are enrolled in SNAP and whether they are exempt from or subject to SNAP work registration or E&T requirements. The eligibility system rules will be updated to output values specific to SNAP exemption or participation status to ensure accurate counts for CE requirement monitoring. |
| 7.5 Describe any systems modifications that the State is planning to operationalize the suspension of benefits and/or termination of eligibility. Describe any changes to the determination of eligibility, including changes to the MMIS eligibility module to show someone is in a suspended status. | <p>The State will not suspend benefits as a result of non-compliance with the CE requirement.</p> <p>The State will modify the existing termination process to include additional reasons for termination of eligibility related to the CE requirement.</p> |

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| 7.6 Describe any systems modifications that the State is planning to operationalize benefit reactivation and/or re-enrollment once community engagement requirements are met. Describe what changes states with non-eligibility periods will implement to prevent enrollment during these periods. | There is no non-eligibility period. The beneficiary can reapply for benefits at any time following termination. Beneficiaries will be re-enrolled in Medicaid if they reapply and are determined eligible through the standard eligibility process. Previous non-compliance will not be taken into consideration for the determination of subsequent eligibility. |
| 7.7 Describe any other significant systems modifications the State is planning to operationalize community engagement requirements. | The State plans to make additional systems modifications to operationalize the CE requirement, including: <ul style="list-style-type: none"> • Automation of forms and notices specific to the CE requirement • Interactive voice response (IVR) enhancements • Electronic document management system (EDMS) enhancements |

This template is being finalized for review and approval by OMB through the Paperwork Reduction Act (PRA). Until such time, its use is optional, although it conveys the nature and extent of implementation information that CMS is seeking on eligibility and coverage demonstrations. When this template is OMB approved, then the State will be required to use it.